

LAW OFFICES OF  
**TOLER, LARSON & ABEL, LLP**

TELEPHONE (512) 327-5515

FACSIMILE (512) 327-5452

5000 PLAZA ON THE LAKE, SUITE 265  
AUSTIN, TEXAS 78746

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**FACSIMILE COVER SHEET****DATE:** July 7, 2003**TO:** Group Art Unit 1775**FAX NO.:** 703-872-9310**FROM:** Jeffrey S. Abel**RE:** 10/044,744: Response to Restriction Requirement**NUMBER OF PAGES (including Cover Sheet):** 6**MESSAGE:****Applicant:** Simpson, et al.**Appl. No.** 10/044,744**Filing Date:** 01/11/2002**Art Group:** 1775**Atty Docket No.** 1035-SC4127**Title:** METHOD FOR FORMING CERAMIC LAYER HAVING GARNET CRYSTAL  
STRUCTURE PHASE AND ARTICLE MADE THERAPY

Attached please find:

- ☒ Transmittal Form (1 pg);
- ☒ Response to Restriction Requirement (2 pgs);
- ☒ Petition for Extension of Time (1 pg)
- ☒ Fee Transmittal (1 pg).

Should you have any questions, please do not hesitate to contact our office.

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PTO/SB/21 (05-03)

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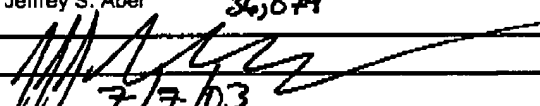
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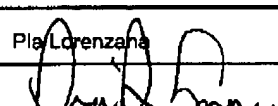
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/044,744	
	Filing Date	01/11/2002	
	First Named Inventor	Simpson, et al.	
	Art Unit	1775	
	Examiner Name	Jennifer C. McNeil	
Total Number of Pages in This Submission	5	Attorney Docket Number	1035-SC4127

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey S. Abel 36,079
Signature	
Date	7/7/03

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Date	7/7/2003

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